

## MDR Tracking Number: M4-03-5889-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-24-03.

### I. DISPUTE

Whether there should be reimbursement for CPT Codes E1399 and 99213.

### II. FINDINGS & RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified below. The requestor submitted a copy of a signed certified green card that supports bills were submitted for audit. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-12-02	E1399	\$103.00	\$0.00	A	DOP	Rule 134.600	<p>The respondent denied reimbursement based upon, "The Maximum allowed for TENS/STIM supplies is \$85 per month. TENS unit was never pre-authorized. If you are supplying electrodes for use with NMS unit we have already paid another supplier for electrodes for the month of May for this patient. We will not pay for you and another supplier to both provide this patient with supplies.</p> <p>The requestor contends that " We had written preauthorization for the TENS rental for several years. Preauthorization number 25237. The patient requires the supplies in order to use the equipment."</p> <p>The written preauthorization report was not submitted to support requestors position; therefore, reimbursement is not recommended.</p>

11-12-02	99213	\$73.00	\$0.00	No EOB	\$48.00		MAR reimbursement of \$48.00 is recommended.
12-23-02	99213	\$73.00	\$38.40	F	\$48.00		Requestor contends they are not participants in a PPO discount; therefore, additional reimbursement of \$9.60 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$57.60.</b>

#### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 99213 in the amount of **\$ 57.60**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$57.60** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30<sup>th</sup> day of December 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division